Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Blue Care Bundaberg Pioneer Aged Care Facility |
| Commission ID: | 5158 |
| Address: | 195 Barolin, BUNDABERG, Queensland, 4670 |
| Activity type: | Site Audit |
| Activity date: | 11 June 2024 to 13 June 2024 |
| Performance report date: | 18 July 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3515 Blue Care Bundaberg Pioneer Aged Care Facility |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Blue Care Bundaberg Pioneer Aged Care Facility (**the service**) has been prepared by Katherine Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* other information and intelligence held by the Commission relating to the performance of the service.

The provider did not submit a response to the Site Audit report.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their cultures and identities were valued. Staff had knowledge of consumers’ needs and explained they showed respect by respecting individual preferences when providing care. Care documentation evidenced how consumers wanted to maintain their personal identities, which included their religious, spiritual and cultural needs and preferences.

Consumers confirmed staff were aware of their cultural needs and preferences and gave practical examples of ways their needs were met. Staff explained, and documentation confirmed, they were trained in providing respectful, culturally appropriate care. Care documentation evidenced consumers’ cultural needs and personal preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to make connections or maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers to exercise choice and maintain important relationships, such as respecting their preferences when assisting them to be ready for family visits or outings into the community. Care documentation evidenced consumers and those important to them were involved in making decisions about their care.

Consumers described how they were supported to take risks and live life as they chose. Staff explained where consumers wished to take risks, those risks were discussed, and mitigation strategies implemented to promote their safety. Care documentation evidenced risk assessments and mitigation measures were acknowledged, with consumers having made informed decisions and given their consent prior to engaging in risk.

Consumers and representatives confirmed they received timely information which enabled them to make informed choices about consumers’ care and daily living needs, particularly via the activities calendar, menu, meetings, emails, phone calls, conversations with staff, and newsletters. Care documentation outlined consumers’ communication preferences and how their needs could be met. Noticeboards and posters promoted current activities, menus, advocacy services and complaints mechanisms, which were clear and able to support consumers’ decision making.

Consumers detailed how their privacy was respected, such as staff recognising couples spending time together as in their preferences. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms, whilst confidentiality was maintained by keeping their personal information secure in an electronic care management system (ECMS), and sensitive discussions were held in private areas. Staff were observed ensuring consumers’ room doors were closed when providing care.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Staff described how risks to consumers were identified, monitored and used to develop the care and services plan, which informed how care was delivered. Staff explained consumers’ needs were assessed using validated tools to identify risks to their health, such as falls and pressure injuries, with medical officers involved in assessments when required. Care documentation evidenced risks to consumers were identified during the assessment process and responsive strategies informed the delivery of safe and effective care.

Consumers confirmed they had discussed their care needs, goals and preferences, which included advance care and end of life planning if they wished. Staff described discussing end of life wishes with consumers during the entry process and revisited these discussions during scheduled care reviews or when their needs changed. Care documentation evidenced consumers’ daily needs, goals and preferences, as well as an advance care directive for those who had chosen to have one in place.

Consumers and representatives explained how they, and health professionals such as medical officers and allied health professionals, partnered in the assessment, planning and review of consumers’ care and services. Staff explained consumers, representatives and input from specialist services was sought in the assessment and planning of consumers’ care. Care documentation reflected the assessment and planning of consumers’ care was coordinated with other organisations and providers of care, particularly when there was an assessed need for specialised care.

Consumers and representatives said outcomes of the assessment and planning of consumers’ care were explained to them by staff and they had a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and consumers and representatives were given a copy of the consumer’s care plan following reviews of their changed needs. Care documentation evidenced timely sharing of the outcomes of assessment and planning with consumers and representatives, with a comprehensive approach to care delivery.

Consumers confirmed their care and services were reviewed regularly and in response to incidents, and changing needs were addressed. Staff said consumers’ care and services were reviewed quarterly and explained incidents and changed circumstances prompted consideration of effectiveness. Care documentation evidenced consumers’ needs were reviewed quarterly and reassessment occurred when their health status, preferences or circumstances changed, such as following a fall.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers gave positive feedback about the care they received, which met their personal and clinical care needs. Staff were knowledgeable about consumers’ personal and clinical care needs, which aligned with their care documentation. However, the risk of inappropriate environmental restrictive practice had not been considered as the front entrance was locked overnight, and consumers’ ability to independently operate the release mechanism had not been assessed. This is further considered under Requirement 8(3)(e) in relation to clinical governance practices to minimise use of restraint.

Consumers gave positive feedback about how the service managed risks associated with their care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed and prevented. Care documentation demonstrated risks to consumers were identified and responsive management strategies were in place.

Care planning documents demonstrated consumers and family participate in decision making processes and are supported by external palliative care services to ensure end of life wishes were honoured and the consumer kept comfortable through minimising pain and other symptoms. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers confirmed staff recognised changes in their conditions, health or abilities, and responses were timely. Staff explained consumers were monitored for changes in their mobility, appetite, changed behaviours and unplanned weight loss, with any changes documented and the consumer escalated to clinical staff or medical officers for review. Care documentation evidenced deterioration in consumers’ conditions were identified and promptly responded to.

Consumers and representatives gave positive feedback about how information relating to consumers’ conditions was shared, and staff understood consumers’ requirements and delivered the care they needed. Staff explained changes in consumers’ care and services were documented and communicated during shift handovers, and they accessed information in the ECMS. Care documentation evidenced information about consumers’ conditions was shared with others including medical officers, who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and referrals were timely. Staff explained the referral process and said consumers had access to a network of individuals and organisations, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to allied health staff and specialist providers as needed.

Consumers gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to COVID-19 infections. Staff said they were trained in infection prevention and minimisation strategies and described how they minimised consumers’ need for antibiotics. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers gave positive feedback about the services for daily living and confirmed they were supported to meet their needs, goals, and preferences. Staff had knowledge of consumers’ daily living preferences. Care documentation included details of supports to optimise consumers’ quality of life, health, well-being and independence.

Consumers confirmed their emotional, psychological and spiritual needs were supported by staff, as well as through attending church services and receiving regular pastoral care visits. Staff were familiar with consumers’ emotional needs and explained they spent one-on-one time with those who were at risk of isolation or showing signs of low mood. Care documentation outlined consumers’ emotional, spiritual and psychological needs, and how staff could support them.

Consumers and representatives gave practical examples of how they were supported to participate in the service and wider communities, such as leaving the service independently to participate in community organisations. Staff understood people of importance to consumers and explained personal relationships were supported by ensuring they were ready for scheduled family visits. Care documentation evidenced consumers’ important relationships, interests and how their needs were supported. Consumers were observed attending scheduled activities, and staff explained consulting with consumers on the lifestyle program to ensure activities meet their interests.

Consumers and representatives gave positive feedback about how information was shared relating to consumers’ conditions, particularly as staff understood consumers’ needs and preferences. Staff explained the processes to communicate changes in consumers’ care and services through handover and using the ECMS, for example, changes to dietary needs and preferences were updated in the ECMS by clinical staff which updated in the electronic menu for catering staff. Care documentation in the ECMS reflected reciprocal sharing of information between staff and who shared responsibility for their care.

Consumers confirmed when additional support was needed, they were promptly referred to other organisations and service providers, offering positive feedback about the services and supports they received. Staff described referrals made to local organisations on behalf of consumers, including volunteers. Care documentation evidenced timely referrals were made to other organisations and individuals to meet consumers’ diverse needs.

The service was found non-compliant in Standard 4 in relation to Requirement 4(3)(f) following an assessment contact in December 2023. Evidence in the site audit report dated 11 June 2024 to 13 June 2024 supports that the service has implemented improvements to address the non-compliance and is now compliant with this Requirement. Consumers and representatives gave positive feedback about meals, describing them as varied and tasty. Consumers said their preferences and dietary requirements were considered, with alternatives available on request. Staff had knowledge of consumers’ nutrition and hydration needs and preferences, including cultural needs, and explained the menu was developed with consideration of consumers’ feedback. Meal service was observed as calm and unhurried, and staff assisted consumers in a dignified manner.

Consumers and representatives confirmed consumers felt safe when using equipment provided by the service, and maintenance staff attended to issues promptly. Staff explained the maintenance process and documentation evidenced equipment was routinely cleaned and inspected. Lifestyle equipment, such as mobility aids, were observed to be safe, clean and suitable for consumers’ use.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers said the service was welcoming and consumers felt at home, particularly as rooms were personalised with their own belongings and they could spend time with visitors in communal areas. Staff explained consumers’ sense of belonging and interaction was facilitated by courtyards, gardens and shared areas where they could socialise and relax with each other or visitors. Consumers were observed mobilising around a well-lit environment as they made their way to activities, with clear wayfinding signage to facilitate ease of navigation.

Consumers and representatives gave positive feedback about cleanliness of the service, particularly consumers’ personal rooms. Staff described the maintenance process, and the maintenance schedule evidenced tasks were completed routinely. Consumers were observed to have free access to indoors and outdoors areas but exit to or entry from the community was restricted overnight, as the front door was locked and consumers’ ability to independently operate a release mechanism had not been assessed. This is further considered under Requirement 8(3)(e).

Consumers and representatives confirmed furniture, fittings and equipment were clean, well maintained and suitable for consumers’ use, with staff prompt to attend to maintenance requests. Staff explained, and maintenance documentation evidenced, cleaning was conducted routinely, and preventative and reactive maintenance attended to. A range of furniture to meet consumers’ differing needs was observed to be safe, clean and well maintained, whilst electrical equipment and fire extinguishers had been tested for safety and routinely serviced.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers said they were supported to raise concerns and gave practical examples of speaking with staff and attending consumer meetings, as ways they could give feedback. Staff explained consumers and representatives could also make complaints and provide feedback during scheduled care reviews, participation in surveys and completing a feedback form, with assistance provided if needed. Posters and leaflets informed consumers of how to make a complaint or provide feedback about their care and services.

Consumers and representatives understood how to access external complaints, advocacy and language services. Staff described the complaints, advocacy and language services available to consumers and confirmed they would assist them to access these, if required. Multilingual leaflets and brochures promoted access to the Commission, advocacy services and language services.

Consumers and representatives said complaints and incidents trigger effective and timely responses. Staff described the complaints management process and confirmed understanding of the open disclosure process to be followed. Documentation evidenced issues were promptly addressed and open disclosure was practiced in resolving complaints.

Consumers gave practical examples of how their feedback and complaints were used to improve the quality of care and services, such as updating the garden which they could attend to and were observed enjoying. Staff explained feedback and complaints were regularly reviewed to identify trends, which were added to the continuous improvement plan (CIP) for ongoing monitoring and action. Complaints documentation evidenced feedback and complaints were used to improve consumers’ care and services and inform continuous improvement activities.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives gave positive feedback about staffing levels and said consumers’ needs were promptly met. Management explained the roster was developed according to consumers’ care needs and staff competencies, with a focus on staff member continuity and familiarity for consumers. Rostering documentation evidenced shifts were consistently filled by a mix of appropriately skilled staff to meet consumers’ needs, with a Registered nurse always available.

Consumers said staff were kind, caring, gentle, understood what was important to them, and respected their preferences when providing care. Staff were familiar with consumers’ needs, preferences, backgrounds and the supports they needed, which they learned from care documentation. Management described how the service promotes a culture of respect through available resources and training.

Consumers confirmed staff were suitably skilled, knowledgeable and competent in meeting their care needs. Management explained, and staff confirmed, their competency was determined through pre-employment checks, an orientation program, buddy shifts, regular training, competency assessments and ensuring professional registrations were current. Personnel records evidenced staff had position descriptions which required competencies, qualifications and registrations relevant to their roles.

Consumers confirmed staff were well trained and gave positive feedback about their skills when providing care and services. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), restrictive practices, incident management, infection control and open disclosure, with additional training arranged to ensure staff had skills and knowledge to meet consumer’s needs. Training records evidenced staff compliance with mandatory training topics.

Management advised, and staff confirmed, staff performance was assessed and monitored through probationary and annual performance reviews, with informal appraisals through team meetings, feedback processes, observations and discussions with consumers and representatives. Management explained if issues arose with staff performance, they would be addressed in real time rather than wait for the annual appraisal. Personnel records evidenced most performance appraisals were completed, with those outstanding scheduled for completion.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives confirmed they were supported to evaluate the organisation’s provision of care and services through a range of meetings, the Consumer advisory body and case conferences, with their input evident in improvements made. Management explained consumers further contributed to service evaluation through feedback processes, surveys and had been invited to nominate for the organisation’s Quality care advisory body, which comprised regional managers and consumers from services within the broader organisation. Meeting minutes evidenced consumers were engaged in evaluating their care and services.

Consumers confirmed they felt safe and lived in an inclusive environment with access to quality care and services. The board of directors (the Board) was accountable for service delivery and satisfied itself the Quality Standards were being met through a clinical governance framework which included regular reports on clinical data, operational matters and consumers’ experiences, which were analysed and used to drive improvements in care and services. Meeting minutes evidenced the governing body was accountable and responsible for promoting a culture of safe, inclusive and quality consumer care.

The organisation had effective governance systems which supported information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Management explained the governance systems, which were underpinned by policies, processes and systems to support compliance with the Quality Standards.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, whilst supporting them to live life as they choose.

The clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, restrictive practice policies and procedures gave insufficient guidance to clinical staff on the assessment of environmental restrictive practices, when cognitive, sensory or manual dexterity impairments may prevent consumers from independently using a release mechanism to exit the service. Management advised the lock release mechanism was being reassessed for better consumer access; with the assessment processes relating to environmental restrictive practices reviewed and added to the continuous improvement activities, and affected consumers scheduled for assessment and provided an opportunity to give informed consent for the practice.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)